

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0760	000001		CI	TY OR TOW	N NAHANT	
APPLICATION FOR REN	EWAL:	Annu	al	LIC	ENSED FOR 2	.013
		CLAS	SS			YEAR
LICENSEE NAME: NAF	IANT COUNTRY	CLUB, IN	IC.			
DOING BUSINESS A						
ADDRESS 280 NAHANT	RD.					
CITY/TOWN: NAHANT		STATE:	MA	ZIP CODE:	01908	
MANAGER: DAWSON, D.	PETER TYPE	OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICEN	NSED PREMISES	S:				
TWO FLOORS, FIVE ROOGAME ROOMS. CELLAR						
I hereby certify and swear u	ınder penalties of	perjury tha	t:			
1. the renewed lice	ense will be of the	same type	for the san	ne premises n	ow licensed;	
2. the licensee has	complied with all	laws of the	Common	wealth relatin	ng to taxes; and	
3. the premises are	now open for bus	siness (If no	t explain	below)		
SIGNED BY						
Indi	vidual, Partner or	Authorized	Corporate	e Officer		
DATE:	TELEPHONE N	NUMBER:			YER IDENTIFICA	
				(Note: NOT Individual Social Security Number)		
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	ne building inspe	ctor and th	e head of	the fire depa	artment for the	e above
Please Check Below:			I	OCAL LICE	ENSING AUTH	ORITY
APPROVED:			I	Ву:		
DISAPPROVED:						
(If disapproved explain)			-			
			-			
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 076000002		CITY OR TOWN	NAHANT
APPLICATION	FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAI	ME: NAHANT K	NIGHTS OF COLUMB	US BLD ASSN., INC	•
DOING BUSIN	ESS A			
ADDRESS 17 R	RELAY YARD			
CITY/TOWN:	NAHANT	STATE: MA	ZIP CODE:	01908
MANAGER:	konowitz, james	TYPE OF LICENSE:	Club	CATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
	OF LICENSED PR			
	L; STORAGE. UPP D LOWER PATIO	PER LEVEL; HALL,KIT	CHEN,BAR AND S	ГORAGE. UPPER
I hereby certify a	and swear under per	nalties of perjury that:		
		be of the same type for t	•	
	•	d with all laws of the Co	_	to taxes; and
3. the p	remises are now ope	en for business (If not ex	plain below)	
CICNED DV				
SIGNED BY	Individual, P	artner or Authorized Co	rporate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
DATE:	TELEF	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersi	igned, attest that w	ve are in possession (1) ng inspector and the ho	(Note: <u>NOT</u> Ir the certificate required of the fire depar	dividual Social Security Number) red by Chapter 304 of the
We the underst Acts of 2004, si named license a of 2010.	igned, attest that w igned by the buildi and (2) the certific	ve are in possession (1) ng inspector and the ho	(Note: <u>NOT</u> Ir the certificate require ead of the fire depar surance required by	red by Chapter 304 of the tment for the above
We the underst Acts of 2004, si named license a of 2010. Please Check Below APPROVED: [igned, attest that wigned by the buildi and (2) the certific	ve are in possession (1) ng inspector and the ho	(Note: <u>NOT</u> Ir the certificate require ead of the fire depar surance required by	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
We the underst Acts of 2004, si named license of 2010. Please Check Below APPROVED: [DISAPPROVEI	igned, attest that wigned by the building and (2) the certific	ve are in possession (1) ng inspector and the ho	(Note: <u>NOT</u> Ir the certificate required ead of the fire depart surance required by LOCAL LICEN	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
We the underst Acts of 2004, si named license a of 2010. Please Check Below APPROVED: [igned, attest that wigned by the building and (2) the certific	ve are in possession (1) ng inspector and the ho	(Note: <u>NOT</u> Ir the certificate required ead of the fire depart surance required by LOCAL LICEN	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
We the underst Acts of 2004, si named license of 2010. Please Check Below APPROVED: [DISAPPROVEI	igned, attest that wigned by the building and (2) the certific	ve are in possession (1) ng inspector and the ho	(Note: <u>NOT</u> Ir the certificate required ead of the fire depart surance required by LOCAL LICEN	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
We the underst Acts of 2004, si named license of 2010. Please Check Below APPROVED: [DISAPPROVEI	igned, attest that wigned by the building and (2) the certific	ve are in possession (1) ng inspector and the ho	(Note: <u>NOT</u> Ir the certificate required ead of the fire depart surance required by LOCAL LICEN	red by Chapter 304 of the tment for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076000003	(CITY OR TOWN NAMAN	NT	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2 2013	
		CLASS		YEAR	
LICENSEE NAME:	GOODELL'S, INC.				
DOING BUSINESS A	BAYSIDE REST.				
ADDRESS 1 SOUTH	WICK AVE.				
CITY/TOWN: NAHA	ANT	STATE: MA	ZIP CODE: 01908		
MANAGER: GOOD B.	DELL, DANA TYPE	OF LICENSE: Resta	urant CATEGOR	Y: All Alcohol	
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISE	S:			
CHECKROOM AND	STORAGE ON FIRS	T FLOOR. COCKT.	M, COCKTAIL LOUNGE, AIL LOUNGE AND ONE I AND STORAGE IN BASE	ROOM ON	
I hereby certify and sw	vear under penalties of	f perjury that:			
1. the renewed	d license will be of the	e same type for the sa	ame premises now licensed;		
	•		nwealth relating to taxes; an	nd	
3. the premise	es are now open for bu	siness (If not explain	n below)		
SIGNED BY	Individual, Partner or	· Authorized Corpora	ate Officer		
		·			
DATE:	TELEPHONE :	NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:	
	12221110112		(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	by the building inspe	ector and the head o	certificate required by Chapter the fire department for ance required by Chapter	the above	
Please Check Below:			LOCAL LICENSING AUT	ΓHORITY	
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	11)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0/6000	004	CITY OR TOWN NAMAD	N I
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR	2 2013
	CLASS		YEAR
LICENSEE NAME: FUNCT	TIONS INC.		
DOING BUSINESS A OCEA	ANVIEW		
ADDRESS WILLOW RD.			
CITY/TOWN: NAHANT	STATE: MA	A ZIP CODE: 01908	
MANAGER: DIPERNA, ALBERT J.	TYPE OF LICENSE:	Restaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
HEALTH CLUB AREA, CEN	NTER ENTRANCE ON FIRST	ND ADJOINING LOUNGE AN IT FLOOR, KITCHEN EXIT RE OOM AND ONE SECOND FLO	AR FIRST
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for t	he same premises now licensed;	
2. the licensee has co	mplied with all laws of the Co	mmonwealth relating to taxes; ar	nd
3. the premises are no	ow open for business (If not ex	plain below)	
SIGNED BY Individ	ual, Partner or Authorized Con	rporate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Soci	ial Security Number)
Acts of 2004, signed by the	building inspector and the he	the certificate required by Cha ead of the fire department for a surance required by Chapter	the above
Please Check Below:		LOCAL LICENSING AUT	ГНОRITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE.			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 076000009		CITY OR TOWN NAMANT	-
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: R&C CONVE	NIENCE STORE, INC.		
DOING BUSI	NESS A SEASIDE VA	ARIETY		
ADDRESS 14	1 NAHANT RD			
CITY/TOWN:	NAHANT	STATE: MA	ZIP CODE: 01908	
MANAGER:	LERMAN, STEPHEN	TYPE OF LICENSE: Pa	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
	N OF LICENSED PRI			
			WITH TWO FRONT DOORS	
•	and swear under pena	2 0 0		
			e same premises now licensed;	
	-		monwealth relating to taxes; and	
3. the	premises are now oper	n for business (If not expl	lain below)	
SIGNED BY	Individual Pa	rtner or Authorized Corp	orate Officer	
	marviduai, i as	rulei of Authorized Corp	orate officer	
DATE:	TEI EDI	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
	TELEFT	IONE NOMBER.	(Note: NOT Individual Social	
Please Check Belo APPROVED:	ow:		LOCAL LICENSING AUTH	HORITY
DISAPPROVED.	ED.		By:	
(If disapproved				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 076000010		CITY O	OR TOWN	NAHANT		
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013	
		CLASS				YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 00002B	A	ANT, INC.					
CITY/TOWN: NAI		STATE: N	. 1 Λ 7ΙΡ	CODE:	01908		
MANAGER: O'CA		YPE OF LICENSE				All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	OUR EMAIL ADDRE	ESS		J	
DESCRIPTION OF							
CELLAR, KITCHE	N, DINING ROOM	I, LOUNGE, OUT	SIDE DECK	AND PAT	IO		
I.I							
I hereby certify and s	swear under penalti ved license will be o	1 0 0	r the same nre	emises now	licensed:		
	see has complied wi	* *	-				
	ses are now open for			•	,		
SIGNED BY	Individual, Partn	er or Authorized C	Corporate Offi	cer			
DATE:	TELEPHO	NE NUMBER:	E NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social				
			(140	ote. NOI mo	iividuai Sociai S	ecurity Number)	
We the undersigne Acts of 2004, signe named license and of 2010.	d by the building i	inspector and the	head of the f	ire depart	ment for the	above	
Please Check Below:			LOCA	L LICENS	SING AUTHO	ORITY	
APPROVED:			By:				
DISAPPROVED: [(If disapproved explain	ain)						
	,						
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076000011		CITY OR TOWN NAHAN	ľΤ
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: KELLY GRI	EENS AT NAHANT,INC.		
DOING BUSINESS A			
ADDRESS 1 WILLOW ROAD.			
CITY/TOWN: NAHANT	STATE: MA	ZIP CODE: 01908	
MANAGER: DEVENEY, LISA		neral on CATEGOR's	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PI	REMISES:		
3,192 WOOD FRAME, ASPHALT INCLUDES A LOUNGE AREA O ON STEPP-DOWN LOWER LWY	N UPPER LEVEL,KITCHE	EN FACILITIES AND REST.	
I hereby certify and swear under per	nalties of perjury that:		
	**	same premises now licensed;	
•		nonwealth relating to taxes; an	ıd
3. the premises are now op	en for business (If not expla	in below)	
SIGNED BY Individual, F	Partner or Authorized Corpo	rate Officer	
DATE: TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Social	al Security Number)
We the undersigned, attest that v Acts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	l of the fire department for t	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			